

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Health Education or Health Administration?

In the early days of public health, state health departments not only carried on routine administrative procedures, but they also did a large amount of educational work in the training of personnel. In those days, schools in public health administration were few, and all of them were located at great distances from most of the states. Many efficient public health administrators of today received most of their training through a system of apprenticeship in one of the early-day public health departments.

Today, schools in public health administration are found in all sections of the United States, most of which provide excellent instruction. Nevertheless, students who attend such schools often lean heavily upon the state health organizations in the pursuit of their educational activities. It is customary for such students to make special surveys of their home communities in order that they may attain practice in this important procedure in public health administration. Instead of actually visiting the local communities, many such students endeavor to secure data for their surveys by mail, through the good offices of the state health department.

A letter received recently from a student is a fair example of the burden that is often loaded upon the state health organization. He asks for a complete tabulation of the fifty reportable diseases, for five years or more, covering the city and county which he is surveying. He also asks for mortality reports and

for copies of books and forms that are printed and distributed by eastern publishers. He asks for copies of all blank forms that are used in state and local health departments for use in making records of insect control, industrial hygiene, physical examination of school children, clinic case records, quarantines, social hygiene, birth, death, and stillbirth certificates, supplemental birth reports, forms used for epidemiological investigations of all reportable diseases, registration blanks for physicians, midwives, undertakers, and embalmers, burial and removal permits, record sheets used by public health nurses, and similar forms. He also asks for statistical information pertaining to the populations of the county and city being surveyed, together with data pertaining to migration from other states into the local area. In addition, he wishes to know how many males and females are engaged in occupations for gain, the number that may be on relief, the number of admissions to institutions for the mentally disturbed, as well as hospitals for indigents. This is only a portion of the material that is requested.

Almost every day during the school year communications of this sort come from schools of medicine, junior colleges, high schools, and elementary schools. Since many educators receive the Weekly Bulletin of this Department, this method is used to advise them of the burden and expense attached to compiling data sent in reply to such communications. The Cali-

California State Department of Public Health is glad to give information in its files at all times to citizens of California. It finds difficulty, however, in conducting its routine activities in public health administration and, at the same time, serving as an educational institution.

It is suggested that material of this sort be compiled and distributed from a central source within each school. It would also seem to be of advantage to the student if he were required to go to sources and compile his own data rather than depend upon a local or state health organization to supply the required information.

It should be understood that the State Health Department is glad to be of all possible service in the promotion of education, and it is glad to provide data for groups or classes of students. To prepare individual reports for hundreds of students, however, is an expensive and time-consuming work for an organization whose duties are primarily administrative in their nature.

NEW SERIES OF HEALTH BROADCASTS

The American Medical Association has announced a new series of dramatized health broadcasts to be given over the National Broadcasting Blue Network every Wednesday at 11 a.m., Pacific standard time. These broadcasts are designed to supplement the teaching of health subjects in the schools. They are particularly appropriate for grade and high schools. Because they are written and presented by experts and produced by professional radio artists, they are particularly effective.

The subjects for the series during the coming four weeks are as follows:

October 19	What Is Health?
October 26	Growing Strong.
November 2	Seeing and Hearing Well.
November 9	Healthier Boys and Girls.

Among the California stations over which these dramatizations may be heard are the following: KGO, San Francisco; KECA, Los Angeles; KFFD, San Diego; KTMS, Santa Barbara; KFBK, Sacramento; KNJ, Fresno; KERN, Bakersfield.

In these days, half our diseases come from the neglect of the body in the overwork of the brain. In this railway age the wear and tear of labor and intellect go on without pause or self-pity. We live longer than our forefathers; but we suffer more from a thousand artificial anxieties and cares. They fatigued only the muscles—we exhaust the finer strength of the nerves.—Bulwer.

A HEALTH TEACHING PROJECT IN A ONE-ROOM SCHOOL—THE USES AND PROTECTION OF OUR WATER SUPPLY

(Continued from last issue)

HISTORY AND GEOGRAPHY

History and geography were evolved from the unit in many instances. The study of early water systems, of the water projects of our state, and of the conquest of disease all took us into historical surveys. The study of types of water systems led us into a consideration of early civilizations. We made maps of our own water system and of state projects. The concentrated study of the effect of water upon soil made the concept of a contour map much more intelligible to the children.

SCIENCE

The basis of our unit was science, and every type of science study was represented. To understand the nature of water we had to consider its properties. In order to understand why water became hard, we had to investigate the types of soils common to our community. Our study of alkalies proved very stimulating to all of the children. We learned how to test for alkaline and acid soils. We even made our own litmus solutions to use for testing. We found that our problems took us into both the natural and physical sciences. The health implications have already been considered. There were other science possibilities too numerous to narrate.

CONCLUSION

The cooperation of the health agencies in carrying out this unit of work was valuable. The matter of safeguarding health is naturally interesting to children because it is so vital to them. To have experts contribute information to a problem of this sort not only strengthens what the children may obtain in the way of information, but it also strengthens their interest. I can make only one suggestion in regard to furthering this type of cooperation. I believe it would greatly aid children in better understanding their own bodies, their growth, and their responsibility in regard to health if they might have an opportunity to see some simple experiments carried out by public health leaders. If the children could see the equipment used in some of our laboratories and could see a nurse or a doctor actually using the equipment, it would make the work of health protection seem more real and intelligible to them. Children recognize the authority of information which comes from a person trained in a particular field. They know

the value of obtaining scientifically proved data. It is interesting to note the fact that they do not immediately accept information from printed pages unless they know it can be verified by experts who really do the things described. This is the real contribution which trained health leaders can make.

I do not think that the responsibility of coordinating the work of the health departments and the schools should rest entirely upon the public health leaders. It is the responsibility of the individual teacher to know her children, to know what fields of information into which their guided interests may take them, and to be ever conscious of the possibilities of health education in these fields of study. Then, I believe, the teacher should make it her responsibility to talk over the year's work with health leaders and to plan with them how they may cooperate. It has been my experience that the public health workers are always willing to contribute, but do not wish to enforce their contributions upon a school. If we as educators are to fulfill our aim of education to consider every aspect of a child's growth, we are going to need the sound contributions of trained health leaders. It is only in this way that we can help the child develop his whole being and to insure for him continuous growth physically, mentally, and socially.

MUSSEL QUARANTINE

A quarantine placed upon mussels May 31, 1938, terminated September 30, 1938. Under the provisions of this quarantine, the sale or offering for sale of mussels gathered along the California coast from the Oregon line to the southern line of Los Angeles County, with the exception of the Bay of San Francisco, was prohibited.

There have been but three cases of mussel poisoning reported in California this year, and it would appear that the enforcement of the quarantine, together with publicity urging individuals not to eat mussels during the summer months, has produced desired results.

RIVERSIDE HEALTH OFFICER DIES

Dr. W. A. Jones, who had been health officer of Riverside City and Riverside County since 1935, died September 20, 1938. Dr. Jones had accomplished a large amount of work in advancing the program of public health in his city and county. He had served in various public capacities, and following the death of Dr. W. B. Wells, became health officer of Riverside County.

DIPHTHERIA IMMUNIZATION MADE COMPULSORY IN FRANCE

In view of the public health interest that attaches to the action of the French legislature in making diphtheria immunization compulsory in France, one of the first countries, if not the first, to require the application of this preventive measure on a nationwide scale, there is printed below the text of the recent compulsory diphtheria immunization law adopted by the senate and chamber of deputies and promulgated by the president. This law makes compulsory the immunization, with "l'anatoxine," or toxoid, of all children during infancy, that is, in the second or third year of life, before the age of greatest susceptibility and highest mortality and at the period of minimum reaction. Following is the text of the law translated from the French text furnished by the American consul in Paris:

"There is added to the law of February 15, 1902, regarding the protection of the public health, an addition to article 6 which reads as follows:

"Antidiphtheria vaccination with l'anatoxine (toxoid) is compulsory during the second or third year of life. The parents or guardians are personally responsible for the carrying out of this measure, proof of which shall be furnished on admission to any school, nursery, vacation colony, or other assembly of children.

"During the first year of application of the present article, all children under 14 years of age attending the schools, if they have not yet been vaccinated against diphtheria, shall be subjected to such vaccination.

"A public administrative regulation, rendered according to the opinion of the Academy of Medicine and the Consultative Committee on Public Health of France, shall decide the measures necessitated by the application of the preceding provisions."

The present law, considered and adopted by the Senate and the Chamber of Deputies, shall be executed as law of the State. U. S. Public Health Reports, July 29, 1938, page 1301.

SAN MATEO COUNTY HEALTH DEPARTMENT ENLARGES

Dr. Charles C. Gans, Health Officer of San Mateo County, has announced that the city councils of Belmont, Burlingame, and Daly City have requested that the county assume all duties incidental to the administration of public health in their respective communities. The city of Colma has already transferred the administration of its public health affairs to the San Mateo County health unit.

Health is the greatest of all possessions; a pale cobbler is better than a sick king.—Bickerstaff.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
October 1, 1938

Chickenpox

123 cases: Berkeley 4, Hayward 7, Oakland 22, Colusa 3, Concord 1, Martinez 1, Fresno County 1, Fresno 2, Eureka 2, Inyo County 1, Kern County 4, Kings County 1, Los Angeles County 3, Beverly Hills 2, Burbank 1, Compton 2, Long Beach 2, Los Angeles 3, Pasadena 1, Redondo 1, Santa Monica 1, South Gate 1, Gardena 1, Marin County 3, Los Banos 1, Carmel 1, Napa 1, Orange County 1, San Diego County 3, National City 5, San Diego 2, San Francisco 21, Stockton 4, San Bruno 1, San Mateo 1, Santa Barbara County 10, San Jose 1, Santa Clara 1.

Diphtheria

40 cases: Oakland 4, Brawley 1, Kern County 1, Los Angeles County 1, Azusa 1, Beverly Hills 1, Los Angeles 14, Santa Ana 1, Redlands 1, San Diego 1, San Francisco 4, San Joaquin County 1, San Luis Obispo County 3, San Mateo County 1, San Jose 2, Tulare County 2, Santa Paula 1.

German Measles

20 cases: Berkeley 5, Oakland 1, Los Angeles County 1, Beverly Hills 1, Glendale 1, Long Beach 1, Los Angeles 3, Monterey Park 1, Orange County 1, Santa Ana 1, Riverside 1, San Francisco 1, Petaluma 1, Ventura County 1.

Influenza

15 cases: Fresno County 3, Los Angeles County 4, Long Beach 1, Los Angeles 2, San Gabriel 1, Santa Monica 2, San Francisco 1, Mayfield 1.

Malaria

16 cases: Kings County 6, Los Angeles 1, Placer County 2, San Joaquin County 4, Tulare County 1, Winters 1, California 1.*

Measles

132 cases: Alameda County 1, Oakland 17, Contra Costa County 5, Concord 1, Fresno 1, Los Angeles County 4, Beverly Hills 1, Long Beach 12, Los Angeles 3, Pasadena 2, Lynwood 1, Monterey County 1, Napa County 1, Orange County 2, Anaheim 1, Santa Ana 1, Riverside 6, Sacramento 5, San Bernardino County 2, Oceanside 1, San Diego 3, San Francisco 44, San Joaquin County 1, Lodi 1, Stockton 4, Santa Clara County 2, San Jose 5, Tehama County 3, Woodland 1.

Mumps

239 cases: Alameda County 11, Alameda 1, Albany 8, Berkeley 21, Livermore 1, Oakland 37, San Leandro 1, Contra Costa County 7, Fresno 2, Kings County 2, Los Angeles County 4, Glendale 2, Inglewood 2, Long Beach 3, Los Angeles 20, Monrovia 1, Sierra Madre 2, Madera County 5, Mendocino County 6, Los Banos 3, Merced 2, Mono County 3, Monterey County 1, Orange County 2, Anaheim 3, Fullerton 1, Newport Beach 1, Tustin 1, Riverside 1, Sacramento 15, Redlands 2, San Diego County 3, Coronado 1, Escondido 1, San Diego 10, San Francisco 19, San Joaquin County 1, Stockton 8, San Luis Obispo County 1, San Luis Obispo 1, Santa Clara County 2, Palo Alto 1, San Jose 3, Sierra County 11, Tulare County 3, Ventura County 1, Fillmore 1, Davis 1.

Pneumonia (Lobar)

23 cases: Berkeley 1, Eureka 1, Los Angeles County 3, Los Angeles 7, South Gate 1, Napa County 1, Orange County 1, Santa Ana 1, Sacramento 1, San Francisco 4, Lodi 1, Woodland 1.

Scarlet Fever

116 cases: Oakland 3, Gridley 1, Calaveras County 1, Pittsburg 5, Fresno County 1, Eureka 2, El Centro 2, Inyo County 8, Kern County 2, Los Angeles County 20, Compton 1, Glendale 1, Inglewood 1, Long Beach 2, Los Angeles 19, Montebello 1, Pasadena 1, Pomona 3, Redondo 3, Lynwood 1, Madera County 1, Modoc County 4, Monterey County 1, Orange County 3, Anaheim 1, Santa Ana 1, Indio 2, San Diego 3, San Francisco 4, San Joaquin County 1, Stockton 1, Tracy 1, San Mateo County 1, Daly City 1, Santa Barbara 1, San Jose 1, Santa Cruz County 1, Sierra County 1, Tulare County 4, Lindsay 1, Tuolumne County 3, Santa Paula 1.

Smallpox

2 cases: Kings County 1, Tulare County 1.

Typhoid Fever

19 cases: Oakland 1, Fresno County 1, Eureka 1, Westmoreland 1, Kings County 1, Los Angeles County 2, Los Angeles 5, Modoc County 1, Monterey County 1, San Francisco 1, Santa Clara County 2, California 2.*

Whooping Cough

115 cases: Alameda 2, Albany 1, Berkeley 4, Oakland 2, Fresno County 2, Kings County 1, Los Angeles County 9, Glendale 1,

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Long Beach 2, Los Angeles 14, Pasadena 5, Napa County 1, Fullerton 1, Orange 3, Santa Ana 3, Riverside 1, San Diego County 1, Oceanside 3, San Diego 8, San Francisco 20, Santa Barbara County 6, Lompoc 4, San Jose 2, Tulare County 2, Ventura County 14, Fillmore 1, Santa Paula 2.

Meningitis (Epidemic)

One case: Sonoma County.

Dysentery (Amoebic)

4 cases: Los Angeles 2, San Jacinto 1, San Francisco 1.

Dysentery (Bacillary)

12 cases: Los Angeles County 1, Alhambra 1, Long Beach 1, Los Angeles 1, Pasadena 2, San Benito County 1, San Francisco 3, Sonoma County 2.

Pellagra

One case: Tulare County.

Poliomyelitis

8 cases: Kern County 1, Los Angeles 1, Salinas 1, Riverside 1, San Bernardino County 1, Ontario 1, San Diego 1, Visalia 1.

Tetanus

One case: Los Angeles County.

Trachoma

17 cases: Los Angeles 1, Riverside County 3, Indio 13.

Encephalitis (Epidemic)

4 cases: Fresno County 1, Kings County 1, Hemet 1, San Jacinto 1.

Paratyphoid Fever

One case: San Diego County.

Botulism

One case: San Diego County.

Jaundice (Epidemic)

3 cases: Berkeley.

Food Poisoning

44 cases: Los Angeles County 1, Los Angeles 21, Orange County 1, Orange 1, Santa Ana 18, Riverside County 2.

Undulant Fever

7 cases: Fresno 1, Kingsburg 1, Brawley 1, Long Beach 1, Los Angeles 1, Monrovia 1, Ontario 1.

Coccidioidal Granuloma

5 cases: Oakland 1, Kern County 1, Bakersfield 1, Madera County 1, Sonoma County 1.

Septic Sore Throat

3 cases: Alameda 1, El Monte 1, Tulare 1.

Relapsing Fever

4 cases: Fresno County 2, San Bernardino County 1, Sierra County 1.

Rabies (Animal)

12 cases: Kern County 1, Los Angeles County 3, Los Angeles 2, San Diego 1, Santa Clara County 3, Los Gatos 1, Sunnyvale 1.

Health is certainly more valuable than money, because it is by health that money is procured; but thousands and millions are of small avail to alleviate the tortures of the gout, to repair the broken organs of sense, or resuscitate the powers of digestion. Poverty is, indeed, an evil from which we naturally fly; but let us not run from one enemy to another, nor take shelter in the arms of sickness.—Johnson.

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